

31A-22-610.6 Special enrollment for individuals receiving premium assistance.

- (1) As used in this section:
 - (a) "Premium assistance" means assistance under Title 26, Chapter 18, Medical Assistance Act, in the payment of premium.
 - (b) "Qualified beneficiary" means an individual who is approved to receive premium assistance.
- (2) Subject to the other provisions in this section, an individual may enroll under this section at a time outside of an employer health benefit plan open enrollment period, regardless of previously waiving coverage, if the individual is:
 - (a) a qualified beneficiary who is eligible for coverage as an employee under the employer health benefit plan; or
 - (b) a dependent of the qualified beneficiary who is eligible for coverage under the employer health benefit plan.
- (3) To be eligible to enroll outside of an open enrollment period, an individual described in Subsection (2) shall enroll in the employer health benefit plan by no later than 30 days from the day on which the qualified beneficiary receives initial written notification, after July 1, 2008, that the qualified beneficiary is eligible to receive premium assistance.
- (4) An individual described in Subsection (2) may enroll under this section only in an employer health benefit plan that is available at the time of enrollment to similarly situated eligible employees or dependents of eligible employees.
- (5) Coverage under an employer health benefit plan for an individual described in Subsection (2) may begin as soon as the first day of the month immediately following enrollment of the individual in accordance with this section.
- (6) This section does not modify any requirement related to premiums that applies under an employer health benefit plan to a similarly situated eligible employee or dependent of an eligible employee under the employer health benefit plan.
- (7) An employer health benefit plan may require an individual described in Subsection (2) to satisfy a preexisting condition waiting period that:
 - (a) is allowed under the Health Insurance Portability and Accountability Act; and
 - (b) is not longer than 12 months.

Amended by Chapter 284, 2011 General Session